

Financial Statements March 31, 2014



## Contents

	Page
Statement of responsibility	1
Independent auditor's report	2
Statement of financial position	3
Statement of operations and changes in accumulated surplus	4
Statement of changes in net debt	5
Statement of cash flows	6
Notes to the financial statements	7-17
Schedule of tangible capital assets	18



## Statement of responsibility

The accompanying financial statements are the responsibility of the management of The Izaak Walton Killam Health Centre (the "Health Centre") and have been prepared in compliance with legislation, and in accordance with generally accepted accounting principles established by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Health Centre's Audit and Financial Risk Committee met with management and its external auditors to review a draft of the financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the finalized financial statements.

Grant Thornton LLP, as the Health Centre's appointed external auditors, have audited the financial statements. The independent auditor's report is addressed to the Board of Directors and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the financial statements are free of material misstatement and present fairly the financial position and results of the Health Centra in accordance with Canadian public sector accounting standards.

Direc



## Independent auditor's report

Grant Thornton LLP Suite 1100 2000 Barrington Street Halifax, NS B3J 3K1

T (902) 421-1734 F (902) 420-1068 www.GrantThornton.ca

#### To the Board of The Izaak Walton Killam Health Centre

We have audited the accompanying financial statements of The Izaak Walton Killam Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2014, and the statements of operations and changes in accumulated surplus, changes in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health Centre's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Centre's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Health Centre as at March 31, 2014, and the results of its operations and changes in accumulated surplus, changes in net debt, and its cash flows for the year then ended, in accordance with Canadian public sector accounting standards.

### Other matter

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The information disclosed in Note 3 is presented for purposes of additional information and is not required as part of the financial statements. Such supplementary information has been subjected to the auditing procedures applied, only to the extent necessary to express an opinion in the audit of the financial statements taken as a whole.

Halifax, Canada June 24, 2014

Chartered accountants

Grant Thornton LLP

The Izaak Walton Killam Health Centre Statement of financial position		
March 31 (expressed in \$,000's)	2014	2013
Financial assets		
Cash and cash equivalents	\$ 2,088	\$ 2,734
Receivables (Note 4)	34,674	27,291
Employee receivables	1,561	1,765
Receivable from IWK Health Centre Charitable Foundation	17,059	17,047
Accumulated sick leave receivable (Note 11)	14,542	12,864
Retirement allowances and	1-1,0-12	12,001
health benefits (Note 9)	32,758	30,784
,	102,682	92,485
Liabilities		
Payables and accruals (Note 5)	33,578	29,593
Capital lease payable (Note 8)	146	189
Retirement allowances and		
health benefits (Note 9)	32,758	30,784
Accumulated sick leave payable (Note 11)	14,542	12,864
Facilities loan payable (Note 7)	10,036	10,784
Deferred capital and research		
revenue (Note 8)	23,567	21,522
•	114,627	105,736
Net debt	(11,945)	(13,251)
Non-financial assets		
Prepaids	1,026	1,032
Inventories	1,352	1,469
Tangible capital assets (Page 18)	<u> 183,011</u>	<u>174,831</u>
	185,389	177,332
Accumulated surplus	\$ 173,444	\$ 164,081

Contingency (Note 13)

The Izaak Walton Killam Hea	alth Centre
Statement of operations and	d changes in
accumulated surplus	Revised

accumulated surplus	Revised		
•	Budget	Actual	Actual
Years ended March 31 (expressed in \$,000's)	2014	2014	2013
	(Note 14)		
Revenue			
Grants from IWK Health Centre			
Charitable Foundation	\$ 250	\$ 250	\$ 250
Inpatient, outpatient and clinics	213,850	225,592	208,467
Mental health and addictions	26,555	26,871	26,955
Rentals, recoveries and sales	9,474	8,407	9,240
Specified donations for equipment and			
Renovations	-	520	887
Capital grants	9,997	17,657	10,656
	260,126	279,297	256,455
Expenses			
Children's health	66,228	66,141	62,785
Clinic lab services	19,126	16,694	15,995
Diagnostic imaging	7,281	6,628	5,109
Executive offices and public relations	1,662	1,898	1,648
HITS-NS	18,245	20,069	18,397
Human resources	2,573	2,594	2,449
Medical services	6,556	6,529	5,995
Mental health and addictions	30,127	30,271	27,345
NS Breast Screening program	424	501	-
Operations and support	34,414	42,635	40,388
Pharmacy	5,422	5,490	5,104
Primary health	1,604	1,744	1,773
Professional practice	2,237	2,056	2,123
Reproductive care program	1,604	1,587	1,567
Strategy and organizational performance	14,425	16,996	14,759
Women's and newborn health	48,198	48,101	47,451
Total expenses	260,126	269,934	252,888
Annual surplus (Note 3)	\$ 	9,363	3,567
Accumulated surplus, beginning of year		164,081	160,514
Accumulated surplus, end of year		\$ 173,444	\$ 164,081

The Izaak Walton Killam Health Centre
Statement of changes in net debt

Years ended March 31 (expressed in \$,000's)		Actual 2014	Actual 2013
Annual surplus	\$	9,363 \$	3,567
Acquisition of tangible capital assets Adjustment on disposal of tangible capital assets Amortization of tangible capital assets Change in prepaids Change in inventories	_	(18,824) 29 10,615 6 117	(12,780) 34 9,914 732 14
Change in net debt		1,306	1,481
Net debt, beginning of year	_	(13,251)	(14,732)
Net debt, end of year	\$_	(11,945) \$	(13,251)

The Izaak Walton Killam Health Centre Statement of cash flows		
Years ended March 31 (expressed in \$,000's)	2014	2013
Increase (decrease) in cash and cash equivalents		
Operating		
Annual surplus	\$ 9,363	\$ 3,567
Amortization	10,615	9,914
Adjustment on disposal of tangible capital assets	29	34
	20,007	13,515
Change in non-cash working capital (Note 12)	(1,285)	(9,700)
Cash provided by operating transactions	18,722	3,815
Capital Cash used to acquire tangible capital assets Cash applied to capital transactions	(18,824) (18,824)	(12,780) (12,780)
Investing		
Decrease in employee receivables	204	273
Cash provided by investing transactions	204	273
Financing		
Principal repayments on facilities loan payable	(748)	(705)
Cash applied to financing transactions	(748)	(705)
3		
Decrease in cash and cash equivalents	(646)	(9,397)
Cash and cash equivalents		
Beginning of year	2,734	12,131
End of year	\$ 2,088	\$ 2,734

March 31, 2014 (expressed in \$,000's)

### 1. Purpose of organization

The Izaak Walton Killam Health Centre (the "Health Centre") provides quality care for children, women and families in the three Maritime Provinces and beyond. It is a tertiary care health centre dedicated to family-centred care, education, research, health promotion and advocacy for best results. The Health Centre is also committed to being global leaders in research and knowledge transfer.

The Health Centre is a charitable organization under the Income Tax Act.

### 2. Summary of significant accounting policies

#### Basis of accounting

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants and reflect the following significant accounting policies:

### Revenue recognition

Provincial government transfers for operating and capital purposes are recognized as revenue in the period in which all eligibility criteria and/or stipulations have been met and the amounts are authorized. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility credits or stipulations, it is recognized when the transfer is authorized.

All non-government contribution or grant revenues that are externally restricted such that they must be used for a specified purpose are recognized as revenue in the period in which the resources are used for the purpose or purposes specified. Any externally restricted inflow received before the criterion has been met is reported as a liability within deferred capital and research revenue until the resources are used for the purpose or purposes specified.

In-patient, out-patient, food services, and rentals are recognized as revenue when the related service is rendered or goods are provided.

### Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks with original maturities of three months or less. Bank borrowings are considered to be financing activities.

The categories of cash include:

	<u>201</u>	<u>4</u>	<u>2013</u>
Research Operating	\$ 11,21 (9,12		10,178 (7,444)
Operating	\$ 2,08		2,734

### **Inventories**

Inventories are valued at the lower of cost and replacement cost. The Health Centre uses the weighted average cost method to determine cost of stores inventory and the first-in, first-out method to determine cost of pharmacy inventory.

### Tangible capital assets

Tangible capital assets are stated at cost. Amortization is provided on the straight-line basis over the expected useful life of the asset:

Buildings and service equipment	2% to 5%
Major equipment	5% to 20%
Group home	5%

March 31, 2014 (expressed in \$,000's)

### 2. Summary of significant accounting policies (continued)

#### Tangible capital assets (continued)

Amortization on equipment purchased commences in the year after acquisition. Amortization on capital projects and renovations commences in the year after the asset is ready for use.

When conditions indicate that a tangible capital asset no longer contributes to the Health Centre's ability to provide goods and services, or that the value of future economic benefits associated with the tangible capital asset is less than its net book value, the cost of the tangible capital asset is reduced to reflect the decline in the asset's value. Write-downs are not reversed.

### Capital leases

Capital leases are leases where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity.

A capital lease is accounted for as an asset as well as an obligation. Accordingly, capital leases are recognized by recording an asset and a liability at the present value of the minimum lease payments, excluding the portion thereof relating to executor costs. However, the maximum value recorded for the asset and obligation will not exceed the leased asset's fair value.

An obligation under a capital lease is similar to a loan. Lease payments are allocated to a reduction of the obligation, interest expense and any related executor costs. The interest expense is calculated using the discount rate used in computing the present value of the minimum lease payments applied to the remaining balance of the obligation.

### **Compensation accruals**

The Health Centre follows the policy of recording in accrued salaries and benefits a liability for vacation pay, accumulated overtime, smoothing banks and statutory holidays.

### Retirement allowances, health benefits, and compensated absences

The Health Centre provides defined benefit plans to certain employee groups. These benefits include pension, health and dental, retirement allowances and non-vesting sick leave. The Health Centre has adopted the following policies with respect to these employee benefits:

- (i) Retirement allowances paid to employees upon retirement are actuarially determined. The retirement allowance value is provided by the Department of Finance for the Health Centre. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 11 years. The costs are actuarially determined using management's best estimate of employee retention, retirement ages of employees, salary escalation, other cost escalation, long term inflation and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.
- (ii) The costs of post-employment future health benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 10 years. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.

March 31, 2014 (expressed in \$,000's)

### 2. Summary of significant accounting policies (continued)

### Retirement allowances, health benefits, and compensated absences (continued)

- (iii) The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, employees' use of entitlement and discount rates. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 11 years. Adjustments to these costs arising from changes in actuarial assumption and/or experience are recognized over the estimated average remaining service life of the employees.
- (iv) Pension benefits are provided to certain employees under multi-employer defined benefit plans. The costs of these pensions are the employer's contributions due to the plan in the period and are accounted for as defined contribution plans.

#### Funds held in trust

Funds held in trust are maintained separately from the Health Centre's assets and are excluded from the statement of financial position.

At March 31, 2014, the Health Centre held \$10,527 (2013 - \$10,036) in trust on behalf of various stakeholders.

#### Financial instruments

Financial instruments must be classified within either cost/amortized cost or fair value categories. The Health Centre has no financial instruments that are required to be accounted for at fair value.

The cost/amortized cost category includes cash and cash equivalents, receivables, employee receivables, receivable from IWK Health Centre Charitable Foundation, payables, and facilities loan payable. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Management assess each financial instrument to determine whether there are any impairment losses and if any, are reported in the statement of operations and changes in accumulated surplus. Valuation allowances are recorded to write-down amounts and loans receivable to the lower of cost their net recoverable value.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

There are no unrealized gains or losses therefore the statement of remeasurement gains and losses has not been presented.

### Use of estimates

The preparation of financial statements in conformity with Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amount of revenues and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of allowance for doubtful accounts, amortization of tangible capital assets and actuarial estimation of post-employment benefits, retiring allowances and nonvested sick time liabilities.

March 31, 2014 (expressed in \$,000's)

3. Reconciliation of annual operating funding	<u>2014</u>	<u>2013</u>
Annual surplus Amortization Specified donations for equipment and renovations Capital grants Surplus from operations	\$ 9,363 10,615 (520) (17,657) 1,801	\$ 3,567 9,914 (887) (10,656) 1,938
Amounts attributed to capital asset purchases	(1,801)	(1,938)
Annual operating deficit	\$ 	\$ 
4. Receivables	<u>2014</u>	2013
Patients and other receivables, net of allowance for doubtful accounts of \$565 (2013 - \$254)  NS Department of Health & Wellness	\$ ,	\$ 12,976
year end adjustments	\$ 22,965 34,674	\$ <u>14,315</u> 27,291
Year end adjustments are comprised of:		
NS Department of Health & Wellness IT projects Capital grants Accumulated deficit 1998/99 Contract increases and wage funding Mental health funding Benefit bank funding NS Nursing strategy Physician on call funding (Family Medicine) HITS – NS Pathology off-leadsheet funding Provincial programs One time funding 11/12 MTL funding Other One time deficit funding	\$ 2,834 8,622 908 1,763 2,829 781 283 193 1,699 - 773 1,247 - 164 869	\$ 358 4,682 908 2,479 1,933 781 145 242 419 1,948 - 322 98
	\$ 22,965	\$ 14,315

Of the total receivable from the NS Department of Health & Wellness, as of May 31, 2014, \$4,400 (2013 - \$5,700) has been received.

March 31, 2014 (expressed in \$,000's)

5. Payables and accruals		<u>2014</u>		<u>2013</u>
Trade payables Other Accrued salaries and benefits NS Department of Health & Wellness payables	\$	17,644 192 15,686 <u>56</u>	\$	15,760 192 13,582 59
	\$_	33,578	\$_	29,593

### 6. Credit facility

The Health Centre has been approved for a line of credit of \$2,000. At year end, no amount has been advanced on the line of credit from the Royal Bank (2013 - \$Nil). Any outstanding amount is repayable on demand and bears interest at prime plus 3/4%.

### 7. Facilities loan payable

Nova Scotia Department of Finance loan repayable in equal quarterly instalments of \$338 at an interest rate of 5.76% per annum calculated semi-annually. First instalment paid on March 1, 2004, with the final instalment due December 1, 2023.

Balance \$ 10,036 \$ 10,784

Principal amounts repayable within the next five years and thereafter are as follows:

2015	\$ 791
2016	838
2017	887
2018	939
2019 and thereafter	6,581

Interest on facilities loan payable in the amount of \$605 (2013 - \$646) is included in expenses.

### 8. Deferred capital and research revenue

The following is a summary of the amounts in deferred capital and research revenue:

		<u>2014</u>		<u>2013</u>
Capital Equipment Renovations Capital campaigns	<b>\$</b>	294 - 12,060 12,354	\$ -	1,312 6 10,026 11,344
Research funds	-	11,213	_	10,178
Balance at year end	\$	23,567	\$_	21,522

Included in equipment is obligations under capital lease of \$146 (2013 - \$189) payable to the Capital District Health Authority. The lease bears interest at 6.29%, is secured by specific equipment and is repayable in seven blended annual instalments of \$55 ending December 2016.

March 31, 2014 (expressed in \$,000's)

### 8. Deferred capital and research revenue (continued)

The following is a summary of the continuity of deferred capital and research revenue:

	<u>2014</u>		<u>2013</u>
Balance, beginning of year	\$21,522	\$	19,266
Grants NS Department of Health & Wellness funding Research funding Capital campaign fund Other funding	2,942 7,949 13,458 7,276 	_	2,282 4,681 13,133 5,415 125 25,636
Capital funding expended Disbursements Research	(17,706 (12,424 (30,130		(10,656) (12,724) (23,380)
Balance, end of year	\$ 23,567	\$	21,522

### 9. Retirement allowances and health benefits

Retirement allowance amounts for employees and cost sharing for certain employees on health benefits following retirement are actuarially determined. The Province of Nova Scotia contracts a third party to perform an actuarial valuation for all government departments, agencies and boards. The last actuarial valuation for retiring allowances was conducted as at March 31, 2014. The last actuarial valuation for the health benefits was as at March 31, 2012, with actuarial liabilities as at March 31, 2014 extrapolated based on the latest actuarial valuation.

Annually, results along with values to record the liability and expenses are provided by the Department of Finance. The Department of Finance fully funds this liability, thus an offsetting receivable balance has been recorded.

Information about the retirement allowance and health benefits are as follows:

			2014 total			2013 total
	Retirement			irement and alth benefits		tirement and alth benefits
Opening benefit obligation, beginning of year Current service cost Interest on obligation Plan amendment Less: premiums paid Actuarial gains (losses) Closing benefit obligation,	\$ 22,198 1,581 919 - (1,878) 1,319	\$ 10,694 685 457 - (242) 227	\$	32,892 2,266 1,376 - (2,120) 1,546	\$	31,304 2,126 1,406 575 (2,198) (321)
end of year	\$ 24,139	\$ 11,821	\$	35,960	\$	32,892
Funded status - surplus Unamortized net	\$ 24,139	\$ 11,821	\$	35,960	\$	32,892
actuarial loss Accrued benefit liability,	(2,819)	(383)		(3,202)	•	(2,108)
end of year	\$ 21,320	\$ 11,438	\$	32,758	\$	30,784

March 31, 2014 (expressed in \$,000's)

### 9. Retirement allowances and health benefits (continued)

The Health Centre's expense for the retirement allowance and health benefits is as follows:

	<u>2014</u>		<u>2013</u>
Retirement allowances and health benefits	\$ 4,095	\$_	4,491

The following actuarial assumptions have been used in the determination of the accrued benefit liabilities as at March 31, 2014:

	<u>Allowances</u>	<u>Benefits</u>
Discount rate	4.10%	4.10%
Rate of compensation increase	0.15 - 2.65%	2.40 - 4.90%
Termination rates	0 - 20%	1.8-20%

- (i) The actuary for the pension manager assumed that 75% of employees will retire on the date they are first eligible for an unreduced retirement pension, and the remainder will retire on their normal retirement date, which is their 65<sup>th</sup> birthday.
- (ii) The actuary for the health benefits plan manager assumed 75% would retire on the date they are first eligible for an unreduced retirement pension and the remainder will retire at the rate of 5% each at ages 52, 57, 60, 62 and 65. In calculating the post-retirement health benefits liability, it was further assumed that 70% of members will elect family coverage and that 95% of eligible employees will elect to participate.

#### 10. Pension plans

The Health Centre contributes to the following pension plans on behalf of its employees:

- (i) a multi-employer defined benefit plan, as administered by the Health Association of Nova Scotia, formerly the Nova Scotia Association of Health Organizations (NSAHO), providing pension benefits to most of its employees. The most recent actuarial valuation was conducted as at April 1, 2012 which indicated a funding surplus.
- (ii) the second plan is administered by an independent trustee, the Public Service Superannuation Plan Trustee Inc. The most recent actuarial valuation was December 31, 2012 and extrapolated to March 31, 2014. At this time, there was an unfunded liability.

The Health Centre's pension expense for the year amounted to \$15,397 (2013 - \$14,180).

#### 11. Accumulated sick leave

Qualifying employees are entitled to a prescribed number of sick leave days over their employment term. The Health Centre has recognized in these financial statements, the liability associated with accumulated sick leave earned by staff. Compensated absences for qualifying employees are actuarially determined. The Province of Nova Scotia contracts a third party to perform an actuarial valuation for all Health Authorities and the Health Centre. The actuarial valuation for non-vesting sick leave banks usage was as at March 31, 2011. These actuarial liabilities were extrapolated to March 31, 2013 and March 31, 2014.

March 31, 2014 (expressed in \$,000's)

### 11. Accumulated sick leave (continued)

Annually, results along with values to record the liability and expenses are provided by the Department of Finance. The Department of Finance fully funds this liability, thus an offsetting accounts receivable balance is recorded.

Information about the sick leave liability is as follows	Information	about the	sick leave	liability is	as follows:
--	-------------	-----------	------------	--------------	-------------

Accrued benefit liability		<u>2014</u>		<u>2013</u>
Opening benefit obligation, beginning of year Current service cost Interest on obligation Less: premiums paid Actuarial gains	\$	12,942 2,223 559 (1,111) 265	\$	11,391 2,146 523 (1,196) 78
Closing benefit obligation, end of year	\$.	14,878	\$.	12,942
Funded status – surplus Unamortized net actuarial loss	\$	14,878 (336)	\$	12,942 <u>(78</u> )
Accrued benefit liability, end of year	\$ .	14,542	\$.	12,864
The Health Centre's sick time expense is as follows:				
Sick time expense paid to employees	\$	8,578	\$	2,669

The following actuarial assumptions have been used in the determination of the accrued benefit obligation as at March 31, 2014:

	<u>2014</u>	<u>2013</u>
Discount rate	4.10%	4.30%
Rate of compensation increase	0.15 - 2.65%	2.40 - 4.90%
Current sick leave utilization	7.4 days	7.4 days
Sick leave bank utilization	5.4 - 15.6 days	5.4 - 15.6 days
Termination rates	0 - 20%	0 - 20%

The actuary for the plan manager assumed 75% would retire on the date they are first eligible for an unreduced retirement pension and the remainder will retire at the rate of 5% each at ages 52, 57, 60, 62 and 65.

			- 55
12. Supplemental cash flow information		<u>2014</u>	2013
Change in non-cash operating working capital: Receivables Receivable from IWK Health Centre Charitable Foundation Inventories Prepaids Payables and accruals Capital lease payable Deferred capital and research revenue	\$	(7,383) \$	(5,545) (5,642) 14 732 (1,475) (40) 2,256
	<b>\$</b> _	(1,285) \$	(9,700)

March 31, 2014 (expressed in \$,000's)

### 13. Contingency

The Health Centre has been named as a defendant in legal actions arising in the ordinary course of business. Counsel is unable to form an opinion regarding the merit of certain claims and those in which counsel has provided an opinion, it is expected that payments, if any, which may arise from these claims would be funded by the liability insurance carrier.

### 14. Approved budget

The 2014 budget figures presented on the statement of operations and changes in accumulated surplus reflect any funding changes received during the fiscal year. A breakdown of the adjustments is presented below.

		Approved	<u>Changes</u>	Revised
Revenue	\$_	239,911	\$ 20,215	\$ 260,126
Expense budgets		Approved	<u>Adjustments</u>	Revised
Breast Screening program Children's health Clinic lab services Diagnostic imaging Executive offices and public relations HITS-NS Human resources Medical services Mental health and addictions Operations and support Pharmacy Primary health Professional practice Reproductive care program Strategy and organizational performance Women's and newborn health	\$	61,521 16,462 4,842 1,572 17,965 2,515 6,243 28,335 31,745 5,002 1,526 2,109 1,561 13,074 45,439	\$ 424 4,706 2,665 2,439 90 280 58 313 1,792 2,668 420 79 128 43 1,351 2,759	\$ 424 66,227 19,127 7,281 1,662 18,245 2,573 6,556 30,127 34,413 5,422 1,605 2,237 1,604 14,425 48,198
	\$_	239,911	\$ 20,215	\$ 260,126
Annual surplus	\$_		\$ 	\$ 

Actuarial estimates of gains and losses and provincial sick bank, retiree benefit and pension are not budgeted within the Health Centre expenses and revenue as they are not the responsibility of the organization.

March 31, 2014 (expressed in \$,000's)

#### 15. Expenses by object

The following is a summary of the expenses reported on the statement of operations and changes in accumulated surplus by object:

, , , , , , , , , , , , , , , , , , , ,		<u>Budget</u>	<u>2014</u>		<u>2013</u>
Salaries, wages and benefits	\$	189,786	\$ 199,845	\$	184,232
Service and other contracts		13,854	11,088		11,919
Maintenance and building		13,547	15,553		13,620
Medical supplies		12,361	11,970		11,424
Amortization		9,998	10,613		9,914
Other supplies and expense recoveries		6,407	1,904		3,152
Equipment expenses		6,350	10,000		8,437
Drugs		3,818	3,203		3,626
Patient food		2,292	2,236		2,328
Professional fees		1,713	3,522		4,236
	\$_	260,126	\$ 269,934	\$_	252,888

#### 16. Financial instrument risk management

The Health Centre has a comprehensive risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The risks that arise from financial instruments include credit risk, liquidity risk and market risk. Market risk arises from changes in interest rates, foreign currency exchange rates and other price risks. Unless otherwise noted, it is management's opinion that the Health Centre is not exposed to market risks arising from financial instruments.

### Credit risk

Credit risk is the risk of financial loss to the Health Centre if a debtor fails to make payments when due. The Health Centre is exposed to this risk relating to its receivables.

Receivables are ultimately due from the government, third party insurers, patients, foundations and auxiliaries. Credit risk is mitigated by management's review of aging and collection of receivables and billings. The Health Centre recognizes a specific allowance for doubtful accounts when management considers the expected amounts to be recovered are lower than the actual receivable.

The Health Centre measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Health Centre's historical experience regarding collections. The amounts outstanding at year end were as follows:

	<u>Total</u>		<u>0-150 Days</u>	1	51-360 Days		361+ Days
Patients	\$ . ,	\$	3,469	\$		\$	-
Clients/other agencies	2,432		2,103		329		-
Harmonized sales tax	1,617		1,617		-		-
NS District Health Authorities	1,660		1,660		-		-
NS Department of Health &							
Wellness	15,547		13,214		524		1,809
NS Government Departments	8,323		8,384		(61)		-
Other	719		719		-		-
Less: impairment allowances	<u>(565</u> )				(565)		
	\$ 34,674	\$.	31,166	\$	1,699	\$.	1,809

March 31, 2014 (expressed in \$,000's)

### 16. Financial instrument risk management (continued)

Patient receivables not impaired are collectible based on the Health Centre's assessment and past experience regarding collection rates.

Government receivables are due from the Province of Nova Scotia. The Health Centre mitigates credit risk by ensuring that grants are entered into by way of a contract and by continuous monitoring of outstanding balances to ensure collection is timely.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

### Liquidity risk

Liquidity risk is the risk that the Health Centre will not be able to meet all cash outflow obligations as they come due. The Health Centre mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining a bank overdraft credit facility if unexpected cash outflows arise.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

# The Izaak Walton Killam Health Centre Schedule of tangible capital assets

Year ended March 31 (expressed in \$,000's)

Cost	<u>imp</u> ı	Land and land rovements	Building and service equipment		Major equipment	Group home	<u>2014</u>
Beginning of year Additions during the year Disposals during the year End of year	\$ \$	4,285 - 4,285	211,576 10,757 222,333	·	29,982 \$ 8,067 (4,643) 33,406 \$	206 <b>\$</b> (206) \$	246,049 18,824 (4,849) 260,024
Accumulated amortization							
Beginning of year Amortization Reversal of accumulated	\$	-	\$ 59,971 4,620	\$	11,083 \$ 5,985	164 <b>\$</b> 10	71,218 10,615
amortization relating to disposals End of year	\$ .		\$ 64,591	\$	(4,646) 12,422 \$	<u>(174)</u> \$	(4,820) 77,013
Net book value of tangible capital costs	\$ ,	4,285	\$ 157,742	\$	20,984 \$	\$ ,	183,011

Included in major equipment is equipment acquired under a capital lease with a total cost of \$332 and a net book value of \$133 (2013 - \$199).

Cost	imp	Land and land rovements	9	Building and service equipment	Major equipment	Group <u>home</u>	2013
Beginning of year Additions during the year Disposals during the year End of year	\$	4,285 - 4,285	\$ \$;	207,867 \$ 4,487 (778) 211,576 \$	27,327 \$ 8,293 (5,638) 29,982 \$	206 \$	239,685 12,780 (6,416) 246,049
Accumulated amortization							
Beginning of year Amortization Reversal of accumulated	\$	-	\$	56,243 \$ 4,496	11,289 \$ 5,408	154 <b>\$</b> 10	67,686 9,914
amortization relating to disposals End of year	\$	-	\$ .	(768) 59,971 \$	(5,614) 11,083 \$	164 \$	(6,382) 71,218
Net book value of tangible capital costs	\$	4,285	\$.	151,605 \$	18,899 \$	42 \$	174,831

Included in major equipment is equipment acquired under a capital lease with a total cost of \$332 and a net book value of \$199 (2012 - \$258).